



STATEMENT OF RESIGNATION OF REGISTERED AGENT

State Form 26285 (R6 / 1-03)

Approved by State Board of Accounts, 1995

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
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INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.
Present original and one copy to address in upper right corner of this form.
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Please visit our office on the web at www.sos.in.gov.

Indiana Code 23-1-24-3 (for profit corporation)
Indiana Code 23-17-6-3 (non-profit corporation)

NO FILING FEE

REGISTERED AGENT STATEMENT

I, the undersigned, hereby resign the appointment as the registered agent for the following entity:

Name of Entity

REGISTERED OFFICE ADDRESS:

Address (number and street, city, state, ZIP code)

IN WITNESS WHEREOF, the undersigned being the registered agent of said Entity executes this resignation and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20 _____.

Signature

Printed name

The agency appointment is hereby terminated, and the registered office is discontinued as so provided thirty-one (31) days from the date of filing of this statement.

OFFICE USE ONLY

The Secretary of State has mailed one copy to the Corporation at its principal office and a copy to the registered office, if not discontinued.

Signature of Secretary of State

Signature of Deputy